



City of Santa Fe Springs • Certified Unified Program Agency
CONSOLIDATED CONTINGENCY PLAN COVER PAGE

FACILITY IDENTIFICATION

BUSINESS NAME FACILITY NAME OR DBA: Mid-West Fabriacting Co., West Bent Bolt Div.

SITE ADDRESS 8623 Dice Rd., Santa Fe Springs, CA 90670

EMERGENCY RESPONSE PLANS AND PROCEDURES

- A. Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel (911), the Santa Fe Springs Fire Department, Office of Emergency Services and the National Response Center (H&SC, Section 25507). If you have a release or threatened release of hazardous materials, immediately call:

FIRE/PARAMEDIC/POLICE
PHONE: 911

INDIVIDUAL(S) RESPONSIBLE FOR CALLING 911

Steve Petersen, Charles Criner, Paul Salcido

AFTER the local emergency response personnel are notified, you shall then notify this Administering Agency, Office of Emergency Services and the National Response Center.

Santa Fe Springs Fire Department
 State Office of Emergency Services (OES)
 National Response Center

Business Hours
 (562) 944-9713
 (800) 852-7550
 (800) 424-8802

After Hours
 (562) 868-1711
 (916) 262-1621

INDIVIDUAL RESPONSIBLE FOR CALLING THIS ADMINISTERING AGENCY AND THE STATE OFFICE OF EMERGENCY SERVICES.

Steve Petersen

- B. List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release of a hazardous material:

HOSPITAL/CLINIC	Health First Medical Group	PHONE (310) 949-9328
ADDRESS	11817 E. Telegraph Rd.	STATE CA ZIP CODE 90670

- C. DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No
 If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of a hazardous material. If more space is required, please attach a supplement.

CERTIFICATION: "WE HAVE DEMONSTRATED REASONABLE CARE IN PREPARING OUR CONTINGENCY PLAN. ALL PLANS AND PROCEDURES WILL BE IMPLEMENTED AND SHOULD BE ADEQUATE IN THE EVENT OF AN EMERGENCY INVOLVING OUR HAZARDOUS MATERIALS/WASTE"

Steve Petersen

NAME

Steve Petersen

SIGNATURE

7/16/99

DATE

Section I

Hazardous Materials Business Plan & Hazardous Waste Generator

A. PREVENTION (prevent the hazard)

1. Describe the kinds for hazards associated with the hazardous materials present at your facility. You may include a discussion of safety and storage procedures.

Acute Hazards – There are chemicals in storage and in process that are corrosive which have the potential of causing sever injury to the skin and eyes. There are other chemicals at the facility such as oils and hazardous wastes that are classified as irritants.

Fire – Flammable gasses are used in cylinders for welding and cutting and LPG is stored in a large tank which is used in forklifts.

All chemicals are stored in bermed and contained areas separated from incompatible materials, the plating process tanks and treatment storage tanks are fully bermed.

2. What action would your business take to prevent these hazards or release from occurring?

Drums remain closed unless materials are being added or removed, chemicals are handled and stored in a manner to minimize potential spills or leaks.

Compressed gas tanks are chained to the wall when not in use.

All containers are appropriately labeled with the hazard warning labels that indicated the chemical and physical hazards.

Only trained personnel are authorized to dispense propane into cylinders.

3. Describe procedures for self-inspection of hazardous waste storage areas.

Containers and storage areas of hazardous waste are inspected weekly for containers with structural damage, severe rust or leaks. If any of these conditions are found corrective actions are taken.

The plating line and the fixed treatment unit are inspected daily to insure that there is no potential for equipment malfunction, leaks or releases.

B. Mitigation (reduce the hazard)

1 What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

Initial notification of a spill or release of a hazardous material will be initiated by the individual who discovers the incident.

The employee would first alert any individuals that could potentially be exposed to the spill to evacuate the area immediately

The incident would then be reported to the employee's supervisor or a manager.

If the release threatens the environment, health or surrounding businesses the fire department would be notified.

C. Abatement (remove the hazardous)

1 Describe what you would do to stop, clean up and remove any release material at your facility.

Designated personnel would use absorbents located in the emergency spill kit to surround the spill and stop it from migrating to soil and prevent it from entering the storm water system.

The hazardous materials will be picked up by shovels, placed in 55 gal drums and disposed of as a hazardous waste.

Assistance will be requested from the Fire Department for spills that cannot be handled safely by personnel at MID-WEST Fabricating Co. or if there is a release to the environment.

2. Provide a list of all emergency and decontamination equipment located at the facility. Include a description of the equipment, location, and outline its capabilities. Include the name, address and phone number(s) of your clean-up company.

The emergency equipment at the facility is composed of the following list of equipment. Emergency response and personnel protection equipment located in the plating area.

Recovery Drums: There is a 55-gallon metal recovery drum near the plating line which will be used to collect and dispose of contaminated Quick Sorb in the event of a spill.

Mid West Fabricating Co. has an agreement with Island Environmental Svcs at (909) 598-4449 for contract clean up services if needed.

Personnel Protective Equipment located in a locker in the plating area to be used when cleaning up spills.

- Face Shield
- Rubber Apron
- Rubber Gloves
- Rubber Boots

Emergency Spill Equipment at the plating line.

- Quick Sorb - There is Quick Sorb, oil and water absorbent stored in bins in each of the manufacturing buildings as shown on the Site Map. The Quick Sorb will be used to absorb liquid spills.
- Shovel - There is one steel shovel located with each bin of Quick Sorb that will be used to clean up contaminated material after a spill has occurred.
- Broom - There is one broom located with each bin of Quick Sorb. The broom will be used to contain and clean up small spills and the residues after clean up of contaminated Quick Sorb.

Fire Extinguishers rated A,B,C are located throughout the manufacturing area for local protection in case of small fires.

3. Provide procedures for cleaning and repairing emergency equipment listed in C.2 above.

All emergency equipment that can be decontaminated will be washed. The water used for this purpose will be contained in a 55-gallon drum and disposed of as a hazardous waste.

All other contaminated equipment will be disposed of hazardous waste and replaced with new equipment.

D. Notification and Evacuation

1. Describe what policies and procedures your business will follow to immediately notify and evacuate your facility in the event of a release or threatened release of a hazardous material.

The individual who discovers the incident will initiate notification.

The employee should first alert any individuals in the immediate area that could be exposed to any danger to evacuate.

The employee will then report the incident to his supervisor or a company manager.

If an evacuation is necessary the senior manager will notify Department Supervisors to evacuate their personnel. The Departmental Supervisors will implement the following steps.

- Shutdown of all departmental machinery if it is safe to do so.
- Have employees depart the area by the nearest exit without delaying to obtain personal belongings.
- Instruct employees to walk to the designated evacuation area away from the building in the northeast parking area.
- Insure employees stay with their departments until released or an "all clear" is given to re-enter the building.
- After completing the evacuation, Department Supervisors will account for all their personnel and report the results to the senior manager by name to include those present and those missing

2. Describe facility alarms and/or communication procedures.

The paging system will be used to notify employees directly if time is critical. The following message will be used and repeated at least 5 times.

"May I have your attention please. Shutdown your machines, evacuate the building by the nearest exit and proceed to the assembly area in the northeast parking lot.

Communication and Alarm Systems

- Telephones located in the various offices can be used for emergency communication. These telephones are capable of contacting off-site response teams and services
- Paging System - The switchboard can access a paging system that can be heard throughout the facility. Microphones located in each manufacturing building can access a separate paging system that can be heard in the manufacturing areas.

E. Recording & Evaluating – Indicate procedures for recording and evaluation hazardous waste incidents.

An after action will be compiled to determine the cause of the incident, what went right, what went wrong and changes needed in the emergency response plan.

If the incident is reportable a written report will be filed by with the proper agencies.

F. Plan Location - Your business is required by State Law to keep a copy of this Business Plan, including the Inventory and Site Map. Describe where this copy is located at your business.

The Consolidated Contingency Plan and Hazardous Materials Inventory is kept in the Environmental and Safety Files in the Environmental and Safety Managers Office.

G. Employee Training Program

Describe the training for all employees in safety procedures in the event of a release or threatened release of hazardous materials. The training shall include, but not be limited to, the following: new employee training, annual training, periodic refresher courses, Material Safety Data Sheets, Hazard Communication and familiarization with Section I A-E above.

- New employees are provided with an orientation that includes information concerning the hazardous materials which they may be exposed to and emergency actions in the event of a spill or release.
- All employees receive Hazard Communication training that meets the Right to Know standard. This training includes information on safe handling of hazardous materials at this facility, how to read MSDS's, container labels, and the location of MSDS's and is repeated periodically.
- Individuals that receive or ship hazardous materials receive job specific DOT Haz Mat Training. This training is repeated every three years.
- Individuals responsible for handling and managing hazardous waste receive specific training in these duties to include storage inspections.
- Fixed Treatment unit operators are trained in the proper operation of the equipment and daily inspection requirements.
- Individuals in the plating department are trained on responses required in the event of a spill or release the immediate actions necessary to stop the release.
- Emergency Actions including equipment shutdown and evacuation of the facility is conducted annual.
- Individuals responsible for managing the company's Storm Water Program are trained on preventing pollutants from entering the storm water system.
- Individuals that are required to dispense propane are trained on proper dispensing methods.



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CHEMICAL DESCRIPTION (OES 2731)

☐ ADD ☐ DELETE ☒ REVISE

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REPORTING YEAR 1995

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BUSINESS NAME <u>Midwest Fuel Co.</u>				201
CHEMICAL LOCATION <u>North Gate Blvd 3</u>				201
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME <u>Hydrochloric acid</u>				204
COMMON NAME <u>57% Hydrochloric acid</u>				206
CAS # <u>7647-01-0</u>				208
FIRE CODE HAZARD CLASSES				209
TYPE <input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE		RADIOACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		210
CURIES				211
PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS				212
FEDERAL HAZARD CATEGORIES <input type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				214
STATE WASTE CODE	215	UNITS *	218	MAX DAILY AMOUNT
DAYS ON SITE	217	<input type="checkbox"/> GAL <input type="checkbox"/> CU FT <input checked="" type="checkbox"/> LBS <input type="checkbox"/> TONS		AVG DAILY AMOUNT
LARGEST CONTAINER	220	* If Regulated Substance, amount must be reported in pounds.		ANNUAL WASTE AMOUNT

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input checked="" type="checkbox"/> PLASTIC NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	222
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

QTY	WT	HAZARDOUS COMPONENT	RS *	CAS #
1	225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2	229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3	233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4	237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5	241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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DATE RECD	REVIEWED BY <u>VN NGUYEN</u>	7/23/99	COMMENTS
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CHEMICAL DESCRIPTION (OES 2731)

☐ ADD ☐ DELETE ☒ REVISE

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REPORTING YEAR 1999

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BUSINESS NAME				<u>Mid-West Fabrications Co.</u>				
CHEMICAL LOCATION				<u>Westside outside Bldg 3</u>				201
MAP #		202	GRID #		203	FACILITY ID#		
CHEMICAL NAME				<u>Sulfuric Acid</u>		204	TRADE SECRET	205
COMMON NAME				<u>Sulfuric Acid 93%</u>		206	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #				<u>7664-93-9</u>		208	* REGULATED SUBSTANCE (RS)	207
							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
							* If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES								209
TYPE				210		RADIOACTIVE		211
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PHYSICAL STATE								212
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS								
FEDERAL HAZARD CATEGORIES								214
<input type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH								
STATE WASTE CODE				215		UNITS *		218
						<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT		
						<input type="checkbox"/> LBS <input type="checkbox"/> TONS		
DAYS ON SITE				217		MAX DAILY AMOUNT		216
<u>365</u>						<u>75</u>		
LARGEST CONTAINER				220		AVG DAILY AMOUNT		219
<u>15</u>						<u>30</u>		
						ANNUAL WASTE AMOUNT		221

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW 222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	224
			<input type="checkbox"/> CRYOGENIC	

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO 227	228
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO 231	232
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO 235	236
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO 239	240
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO 243	244

OTHER	<input type="checkbox"/> RECYCLED 250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC 251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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CHEMICAL DESCRIPTION (OES 2731)

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200

REPORTING YEAR 1999

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100

BUSINESS NAME		<u>Mid-West Fabricating Co</u>		203				
CHEMICAL LOCATION		<u>West side Outside Building 3</u>		201				
MAP #	202	GRID #	203	FACILITY ID#				
CHEMICAL NAME		<u>Nitric Acid</u>		204				
COMMON NAME		<u>56% Nitric Acid</u>		206				
CAS #		<u>7697-37-2</u>		208				
FIRE CODE HAZARD CLASSES				209				
TYPE		210		RADIOACTIVE	211	CURIES	212	
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
PHYSICAL STATE				213				
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS								
FEDERAL HAZARD CATEGORIES				214				
<input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH								
STATE WASTE CODE		215		UNITS *	218		MAX DAILY AMOUNT	216
DAYS ON SITE		217		<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS			AVG DAILY AMOUNT	219
LARGEST CONTAINER		220		* If Regulated Substance, amount must be reported in pounds.		ANNUAL WASTE AMOUNT		221

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input checked="" type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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REPORTING YEAR 1999

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BUSINESS NAME		<u>Mid West Fabricating Co</u>		201					
CHEMICAL LOCATION		<u>Maintenance Bldg 1</u>		201					
MAP #	202	GRID #	203	FACILITY ID#	1				
CHEMICAL NAME				204	TRADE SECRET	205			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
COMMON NAME				206	* REGULATED SUBSTANCE (RS)	207			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
CAS #				208	* If YES, all amounts must be in pounds				
FIRE CODE HAZARD CLASSES							209		
TYPE		210		RADIOACTIVE		211	CURIES	212	
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PHYSICAL STATE									213
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS									
FEDERAL HAZARD CATEGORIES									214
<input type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH									
STATE WASTE CODE		215	UNITS *		218	MAX DAILY AMOUNT		216	
			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS						
DAYS ON SITE		217				AVG DAILY AMOUNT		219	
<u>365</u>						<u>137</u>			
LARGEST CONTAINER		220	* If Regulated Substance, amount must be reported in pounds.			ANNUAL WASTE AMOUNT		221	
<u>55</u>									

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 <u>75</u> 225	<u>Caustic Soda</u> 226	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 227	<u>1310-73-2</u> 228
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO 231	232
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO 235	236
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO 239	240
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO 243	244

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2731 6) ON THE REVERSE SIDE OF THIS FORM

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CHEMICAL DESCRIPTION (OES 2731)

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REPORTING YEAR 1999

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BUSINESS NAME		<u>Mid-West Fabricating Co</u>		201
CHEMICAL LOCATION		<u>Maintenance Bldg 1</u>		201
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		204	TRADE SECRET	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME		206	* REGULATED SUBSTANCE (RS)	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #		208	* If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES		209		
TYPE	<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	210	RADIOACTIVE	211
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CURIES
PHYSICAL STATE		213		
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS				
FEDERAL HAZARD CATEGORIES		214		
<input type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE	215	UNITS *	218	MAX DAILY AMOUNT
		<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT		<u>275</u>
		<input type="checkbox"/> LBS <input type="checkbox"/> TONS		
DAYS ON SITE	217			AVG DAILY AMOUNT
<u>365</u>				<u>137</u>
LARGEST CONTAINER	220	* If Regulated Substance, amount must be reported in pounds.		ANNUAL WASTE AMOUNT
<u>55</u>				221

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 <u>50</u>	<u>Caustic Soda</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>1310-73-2</u>
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER	<input type="checkbox"/> RECYCLED	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME		Mid - West Fabricating Co		201
CHEMICAL LOCATION		Maintenance Bldg. 1		202
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		Sodium Hydroxide		204
COMMON NAME		50% Caustic Soda		206
CAS #		1310-73-2		208
FIRE CODE HAZARD CLASSES				209
TYPE		<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE		210
RADIOACTIVE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		211
CURIES				212
PHYSICAL STATE		<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS		213
FEDERAL HAZARD CATEGORIES		<input type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH		214
STATE WASTE CODE		215		UNITS *
DAYS ON SITE		365		217
LARGEST CONTAINER		55		220
MAX DAILY AMOUNT		110		216
AVG DAILY AMOUNT		35		219
ANNUAL WASTE AMOUNT				221

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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Materials

combined

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BUSINESS NAME		Mid-West Fabricating Co.		3		
CHEMICAL LOCATION		Maintenance Building 1		201		
MAP #	202	GRID #	203	FACILITY ID#	1	
CHEMICAL NAME		204	TRADE SECRET		205	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMMON NAME		206	• REGULATED SUBSTANCE (RS)		207	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAS #		208	• If YES, all amounts must be in pounds			
64742-54-7						
FIRE CODE HAZARD CLASSES					209	
TYPE		210	RADIOACTIVE	211	CURIES	212
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PHYSICAL STATE					213	
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS						
FEDERAL HAZARD CATEGORIES					214	
<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH						
STATE WASTE CODE		215	UNITS •	218	MAX DAILY AMOUNT	216
			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT		450	
DAYS ON SITE		217	<input type="checkbox"/> LBS <input type="checkbox"/> TONS		AVG DAILY AMOUNT	219
365					200	
LARGEST CONTAINER		220	• If Regulated Substance, amount must be reported in pounds.		ANNUAL WASTE AMOUNT	221
55						

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW 222

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input checked="" type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS •	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM

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BUSINESS NAME				<u>Mid-West Fabricating Co</u>					
CHEMICAL LOCATION				<u>West side - outside Bldg 2</u>				201	
MAP #		202		GRID #		203		FACILITY ID#	
CHEMICAL NAME				204		TRADE SECRET		205	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMMON NAME				206		* REGULATED SUBSTANCE (RS)		207	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
CAS #				208		* If YES, all amounts must be in pounds			
<u>74-48-6</u>									
FIRE CODE HAZARD CLASSES								209	
TYPE		210		RADIOACTIVE		211		CURIES	
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PHYSICAL STATE								213	
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS									
FEDERAL HAZARD CATEGORIES								214	
<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input checked="" type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH									
STATE WASTE CODE		215		UNITS *		218		MAX DAILY AMOUNT	
				<input type="checkbox"/> GAL <input type="checkbox"/> CU FT				<u>2122</u>	
DAYS ON SITE		217		<input checked="" type="checkbox"/> LBS <input type="checkbox"/> TONS				AVG DAILY AMOUNT	
<u>365</u>								<u>1061</u>	
LARGEST CONTAINER		220		* If Regulated Substance, amount must be reported in pounds.				ANNUAL WASTE AMOUNT	
<u>2122</u>									

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW				222	
A <input checked="" type="checkbox"/> ABOVEGROUND TANK		F <input type="checkbox"/> CAN		K <input type="checkbox"/> BOX	
B <input type="checkbox"/> UNDERGROUND TANK		G <input type="checkbox"/> CARBOY		L <input type="checkbox"/> CYLINDER	
C <input type="checkbox"/> TANK INSIDE BUILDING		H <input type="checkbox"/> SILO		M <input type="checkbox"/> GLASS BOTTLE	
D <input type="checkbox"/> STEEL DRUM		I <input type="checkbox"/> FIBER DRUM		N <input type="checkbox"/> PLASTIC BOTTLE	
E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM		J <input type="checkbox"/> BAG		O <input type="checkbox"/> TOTE BIN	
P <input type="checkbox"/> TANK WAGON		Q <input type="checkbox"/> RAIL CAR			
STORAGE PRESSURE		<input type="checkbox"/> AMBIENT <input checked="" type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT		223	
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC		224	

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO 227	228
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO 231	232
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO 235	236
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO 239	240
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO 243	244

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735) & ON THE REVERSE SIDE OF THIS FORM.

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CHEMICAL DESCRIPTION (OES 2731)

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BUSINESS NAME				<u>Mid-West Fabricating Co</u>			
CHEMICAL LOCATION				<u>Maintenance Bldg 1</u>			
MAP #		202 GRID #		203 FACILITY ID#			
CHEMICAL NAME				204 TRADE SECRET		205	
<u>Acetylene</u>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMMON NAME				206 • REGULATED SUBSTANCE (RS)		207	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
CAS #				208		209	
<u>74-86-2</u>				<u>Gas</u>		• If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES							
TYPE		210		RADIOACTIVE		211	
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CURIES	
PHYSICAL STATE							
<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> GAS							
FEDERAL HAZARD CATEGORIES							
<input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input checked="" type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH							
STATE WASTE CODE		215		UNITS •		216	
				<input type="checkbox"/> GAL <input checked="" type="checkbox"/> CU FT		MAX DAILY AMOUNT	
				<input type="checkbox"/> LBS <input type="checkbox"/> TONS		<u>460</u>	
DAYS ON SITE		217				AVG DAILY AMOUNT	
<u>365</u>						<u>230</u>	
LARGEST CONTAINER		220		• If Regulated Substance, amount must be reported in pounds.		ANNUAL WASTE AMOUNT	
<u>230</u>						221	

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

- | | | | |
|---|---------------------------------------|--|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input checked="" type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input type="checkbox"/> AMBIENT	<input checked="" type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227 228
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231 232
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235 236
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239 240
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243 244

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2733 6) ON THE REVERSE SIDE OF THIS FORM

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BUSINESS NAME		<u>Mid-West Fabricating Co</u>		201
CHEMICAL LOCATION		<u>Production Bldg 3</u>		202
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		204	TRADE SECRET	
<u>Nitrogen</u>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME		206	• REGULATED SUBSTANCE (RS)	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #	208	• If YES, all amounts must be in pounds		
<u>7727-37-9</u>				
FIRE CODE HAZARD CLASSES				
209				
TYPE	210	RADIOACTIVE	211	CURIES
<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PHYSICAL STATE				
<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> GAS				
FEDERAL HAZARD CATEGORIES				
<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input checked="" type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE	215	UNITS *	218	MAX DAILY AMOUNT
		<input type="checkbox"/> GAL <input checked="" type="checkbox"/> CU FT		<u>230</u>
		<input type="checkbox"/> LBS <input type="checkbox"/> TONS		
DAYS ON SITE	217			AVG DAILY AMOUNT
<u>365</u>				<u>230</u>
LARGEST CONTAINER	220	• If Regulated Substance, amount must be reported in pounds.		ANNUAL WASTE AMOUNT
<u>230</u>				

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

- | | | | |
|---|---------------------------------------|--|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input checked="" type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input type="checkbox"/> AMBIENT	<input checked="" type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME		Mid-West Fabricating Co		201	
CHEMICAL LOCATION		Maintenance Bldg 1		202	
MAP #	201	GRID #	203	FACILITY ID#	1
CHEMICAL NAME		204	Argon	TRADE SECRET	205
COMMON NAME		206		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #		208	7440-37-1	* REGULATED SUBSTANCE (RS)	207
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				* If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES					209
TYPE		210	<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	RADIOACTIVE	211
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL STATE					212
		<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> GAS			
FEDERAL HAZARD CATEGORIES					213
		<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH			
STATE WASTE CODE		215	365	UNITS *	218
				<input type="checkbox"/> GAL <input checked="" type="checkbox"/> CU FT	
DAYS ON SITE		217		<input type="checkbox"/> LBS <input type="checkbox"/> TONS	
LARGEST CONTAINER		220	230	* If Regulated Substance, amount must be reported in pounds.	221
				ANNUAL WASTE AMOUNT	

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW				222
A <input type="checkbox"/> ABOVEGROUND TANK	F <input type="checkbox"/> CAN	K <input type="checkbox"/> BOX	P <input type="checkbox"/> TANK WAGON	
B <input type="checkbox"/> UNDERGROUND TANK	G <input type="checkbox"/> CARBOY	L <input checked="" type="checkbox"/> CYLINDER	Q <input type="checkbox"/> RAIL CAR	
C <input type="checkbox"/> TANK INSIDE BUILDING	H <input type="checkbox"/> SILO	M <input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/>	
D <input type="checkbox"/> STEEL DRUM	I <input type="checkbox"/> FIBER DRUM	N <input type="checkbox"/> PLASTIC BOTTLE		
E <input type="checkbox"/> PLASTIC NONMETALLIC DRUM	J <input type="checkbox"/> BAG	O <input type="checkbox"/> TOTE BIN		
STORAGE PRESSURE		<input type="checkbox"/> AMBIENT <input checked="" type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT		223
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC		224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2733 6) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME		<u>Mid-West Fabricating Co</u>		201	
CHEMICAL LOCATION		<u>Maintenance - Building 1</u>		202	
MAP #	202	GRID #	203	FACILITY ID#	204
CHEMICAL NAME		<u>Oxygen</u>		205	
COMMON NAME				206	
CAS #		<u>7782-44-7</u>		208	
FIRE CODE HAZARD CLASSES				209	
TYPE	<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	210	RADIOACTIVE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	211
PHYSICAL STATE		<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> GAS		213	
FEDERAL HAZARD CATEGORIES		<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input checked="" type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH		214	
STATE WASTE CODE	215	UNITS *	<input type="checkbox"/> GAL <input checked="" type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	218	
DAYS ON SITE	<u>365</u>	217	MAX DAILY AMOUNT <u>460</u>		216
LARGEST CONTAINER	<u>230</u>	220	AVG DAILY AMOUNT <u>115</u>		219
				ANNUAL WASTE AMOUNT	221

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

- | | | | |
|---|---------------------------------------|--|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input checked="" type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | O <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input type="checkbox"/> AMBIENT <input checked="" type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
225	226 <input type="checkbox"/> YES <input type="checkbox"/> NO	227	228
229	230 <input type="checkbox"/> YES <input type="checkbox"/> NO	231	232
233	234 <input type="checkbox"/> YES <input type="checkbox"/> NO	235	236
237	238 <input type="checkbox"/> YES <input type="checkbox"/> NO	239	240
241	242 <input type="checkbox"/> YES <input type="checkbox"/> NO	243	244

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2733-6) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME				<u>Mid-West Fabricating Co</u>		103
CHEMICAL LOCATION				<u>Plating Line Tank 1</u>		201
MAP #	202	GRID #	203	FACILITY ID#		1
CHEMICAL NAME				204	TRADE SECRET	205
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME				206	• REGULATED SUBSTANCE (RS)	207
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #				208	• If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES						209
TYPE		210		RADIOACTIVE		211
<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PHYSICAL STATE						213
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS						
FEDERAL HAZARD CATEGORIES						214
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH						
STATE WASTE CODE		215	UNITS *		218	MAX DAILY AMOUNT
			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT			<u>1175</u>
			<input type="checkbox"/> LBS <input type="checkbox"/> TONS			
DAYS ON SITE		217				AVG DAILY AMOUNT
<u>365</u>						<u>1175</u>
LARGEST CONTAINER		220	* If Regulated Substance, amount must be reported in pounds.			ANNUAL WASTE AMOUNT
<u>1175</u>						

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input checked="" type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BEN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input type="checkbox"/> AMBIENT	<input checked="" type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	224
			<input type="checkbox"/> CRYOGENIC	

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 <u>28</u>	<u>Pavco Cleaner B-1002</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>1310-73-2</u>
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME		Mid-west Fabricating Co		201
CHEMICAL LOCATION		Plating Line Tank 3		202
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		204	TRADE SECRET	205
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME		206	* REGULATED SUBSTANCE (RS)	207
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #		208	* If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES				
TYPE		210	RADIOACTIVE	211
<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL STATE				
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS				
FEDERAL HAZARD CATEGORIES				
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE		215	UNITS *	218
			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT	
			<input type="checkbox"/> LBS <input type="checkbox"/> TONS	
DAYS ON SITE		217	MAX DAILY AMOUNT 500	
365			AVG DAILY AMOUNT 500	
LARGEST CONTAINER		220	ANNUAL WASTE AMOUNT	
500			221	

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input checked="" type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input type="checkbox"/> AMBIENT	<input checked="" type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 6	Cleaner B-2002	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1310-07-32
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER	<input type="checkbox"/> RECYCLED	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2731) ON THE REVERSE SIDE OF THIS FORM

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REPORTING YEAR 1999

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BUSINESS NAME		<u>Mid West Fabricating Co</u>		201
CHEMICAL LOCATION		<u>Plating Line Tank 4</u>		202
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		204	TRADE SECRET	205
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME		206	• REGULATED SUBSTANCE (RS)	207
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #		208	• If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES				
TYPE				
<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE				
210 RADIOACTIVE				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
211 CURIES				
212				
PHYSICAL STATE				
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS				
213				
FEDERAL HAZARD CATEGORIES				
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
214				
STATE WASTE CODE		215	UNITS *	218
			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT	
			<input type="checkbox"/> LBS <input type="checkbox"/> TONS	
DAYS ON SITE		217	MAX DAILY AMOUNT	
<u>365</u>			<u>700</u>	
LARGEST CONTAINER		220	AVG DAILY AMOUNT	
<u>700</u>			<u>700</u>	
			ANNUAL WASTE AMOUNT	
			221	

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input checked="" type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input type="checkbox"/> AMBIENT	<input checked="" type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	224
			<input type="checkbox"/> CRYOGENIC	

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 20 225	<u>Sulfuric Acid</u>	226 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	227 <u>7664-93-9</u>
2 229		230 <input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233		234 <input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237		238 <input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241		242 <input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM

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CHEMICAL DESCRIPTION (OES 2731)

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REPORTING YEAR 1999

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BUSINESS NAME		Mid-West Fabricating Co		3
CHEMICAL LOCATION		Plating Line Tank 6		201
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		204	TRADE SECRET	205
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME		206	* REGULATED SUBSTANCE (RS)	207
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #		208	* If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES		209		
TYPE	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	210	RADIOACTIVE	211
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL STATE		212		
			<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS	
FEDERAL HAZARD CATEGORIES		213		
			<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH	
STATE WASTE CODE	215	UNITS *	218	MAX DAILY AMOUNT
		<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT		2000
		<input type="checkbox"/> LBS <input type="checkbox"/> TONS		
DAYS ON SITE	217	365		AVG DAILY AMOUNT
				2000
LARGEST CONTAINER	220	2000		ANNUAL WASTE AMOUNT
				221

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input checked="" type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	224
			<input type="checkbox"/> CRYOGENIC	

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	Starter	226 <input type="checkbox"/> YES <input type="checkbox"/> NO	227 228
2 229	Brightener	230 <input type="checkbox"/> YES <input type="checkbox"/> NO	231 232
3 233	Zinc	234 <input type="checkbox"/> YES <input type="checkbox"/> NO	235 236
4 237		238 <input type="checkbox"/> YES <input type="checkbox"/> NO	239 240
5 241		242 <input type="checkbox"/> YES <input type="checkbox"/> NO	243 244

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2731 6) ON THE REVERSE SIDE OF THIS FORM

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BUSINESS NAME		Mid-West Fabricating Co		3				
CHEMICAL LOCATION		Plating Line Tank 10		201				
MAP #	202	GRID #	203	FACILITY ID#	1			
CHEMICAL NAME				204	TRADE SECRET	205		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
COMMON NAME				206	* REGULATED SUBSTANCE (RS)	207		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAS #				208	* If YES, all amounts must be in pounds			
FIRE CODE HAZARD CLASSES							209	
TYPE		210		RADIOACTIVE		211	CURIES	212
<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PHYSICAL STATE							213	
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS								
FEDERAL HAZARD CATEGORIES							214	
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH								
STATE WASTE CODE		215	UNITS *		218	MAX DAILY AMOUNT		216
			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT			127		
			<input type="checkbox"/> LBS <input type="checkbox"/> TONS			AVG DAILY AMOUNT		219
DAYS ON SITE		217				127		
LARGEST CONTAINER		220	* If Regulated Substance, amount must be reported in pounds.			ANNUAL WASTE AMOUNT		221
127								

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW 222

A <input checked="" type="checkbox"/> ABOVEGROUND TANK	F <input type="checkbox"/> CAN	K <input type="checkbox"/> BOX	P <input type="checkbox"/> TANK WAGON
B <input type="checkbox"/> UNDERGROUND TANK	G <input type="checkbox"/> CARBOY	L <input type="checkbox"/> CYLINDER	Q <input type="checkbox"/> RAIL CAR
C <input type="checkbox"/> TANK INSIDE BUILDING	H <input type="checkbox"/> SILO	M <input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/> _____
D <input type="checkbox"/> STEEL DRUM	I <input type="checkbox"/> FIBER DRUM	N <input type="checkbox"/> PLASTIC BOTTLE	
E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J <input type="checkbox"/> BAG	O <input type="checkbox"/> TOTE BIN	

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	Chrome 226	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 227	228
2 229	Nitric Acid 230	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 231	7697-37-2 232
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO 235	236
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO 239	240
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO 243	244

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME		<u>Mid-West Fabricating Co</u>		201					
CHEMICAL LOCATION		<u>Plating Line</u>		202					
MAP #	202	GRID #	203	FACILITY ID#	1				
CHEMICAL NAME				204	TRADE SECRET	205			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
COMMON NAME				206	• REGULATED SUBSTANCE (RS)	207			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
CAS #				208	• If YES, all amounts must be in pounds				
FIRE CODE HAZARD CLASSES							209		
TYPE		210		RADIOACTIVE		211	CURIES	212	
<input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PHYSICAL STATE									213
<input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS									
FEDERAL HAZARD CATEGORIES									214
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input checked="" type="checkbox"/> CHRONIC HEALTH									
STATE WASTE CODE		215	UNITS *		218	MAX DAILY AMOUNT		216	
<u>171, 181</u>			<input type="checkbox"/> GAL <input type="checkbox"/> CU FT			<u>1500</u>			
DAYS ON SITE		217	<input checked="" type="checkbox"/> LBS <input type="checkbox"/> TONS			AVG DAILY AMOUNT		219	
<u>365</u>						<u>750</u>			
LARGEST CONTAINER		220	• If Regulated Substance, amount must be reported in pounds.			ANNUAL WASTE AMOUNT		221	
<u>500</u>						<u>3000</u>			

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input checked="" type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 6) ON THE REVERSE SIDE OF THIS FORM.

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CHEMICAL DESCRIPTION (OES 2731)

☐ ADD ☐ DELETE ☒ REVISE

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REPORTING YEAR 1999

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BUSINESS NAME <u>Mid-West Fabricating Co</u>				201
CHEMICAL LOCATION <u>Plating Line</u>				202
MAP #	202	GRID #	203	FACILITY ID# <u>1</u>
CHEMICAL NAME			204	TRADE SECRET <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMMON NAME <u>Corrosive Solids</u>			206	• REGULATED SUBSTANCE (RS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CAS #			208	• If YES, all amounts must be in pounds
FIRE CODE HAZARD CLASSES				
TYPE <input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE		210	RADIOACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	211
CURIES				
PHYSICAL STATE <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS				
FEDERAL HAZARD CATEGORIES <input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE <u>181</u>	215	UNITS • <input type="checkbox"/> GAL <input type="checkbox"/> CU FT <input checked="" type="checkbox"/> LBS <input type="checkbox"/> TONS	218	MAX DAILY AMOUNT <u>2400</u>
DAYS ON SITE <u>365</u>	217	• If Regulated Substance, amount must be reported in pounds.		AVG DAILY AMOUNT <u>800</u>
LARGEST CONTAINER <u>300</u>	220			ANNUAL WASTE AMOUNT <u>4800</u>

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| A <input type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input checked="" type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC

% WT	HAZARDOUS COMPONENT	RS #	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2733 6) ON THE REVERSE SIDE OF THIS FORM.

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BUSINESS NAME		<u>Mid-West Fabricating Co</u>		201
CHEMICAL LOCATION		<u>Storage Area Northeast Side</u>		202
MAP #	202	GRID #	203	FACILITY ID#
CHEMICAL NAME		204	TRADE SECRET	205
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
COMMON NAME		206	* REGULATED SUBSTANCE (RS)	207
<u>Waste Oil</u>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAS #		208	* If YES, all amounts must be in pounds	
FIRE CODE HAZARD CLASSES				
209				
TYPE		210	RADIOACTIVE	211
<input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CURIES		212		
PHYSICAL STATE				
213				
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS				
FEDERAL HAZARD CATEGORIES				
214				
<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE		215	UNITS *	216
<u>221</u>			<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT	
DAYS ON SITE		217	<input type="checkbox"/> LBS <input type="checkbox"/> TONS	219
<u>365</u>				
LARGEST CONTAINER		220	ANNUAL WASTE AMOUNT	
<u>55</u>			<u>550</u>	
* If Regulated Substance, amount must be reported in pounds.				

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input checked="" type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> _____ |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	<input type="checkbox"/> CRYOGENIC
				224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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CHEMICAL DESCRIPTION (OES 2731)

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BUSINESS NAME		<u>Mid-West Fabricating CO</u>		201	
CHEMICAL LOCATION		<u>Plating Line Treatment Unit</u>		202	
MAP #	202	GRID #	203	FACILITY ID#	204
CHEMICAL NAME		204		TRADE SECRET	205
COMMON NAME		206		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	207
CAS #		208		* REGULATED SUBSTANCE (RS)	209
FIRE CODE HAZARD CLASSES				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	210
TYPE		210		RADIOACTIVE	211
<input type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	212
PHYSICAL STATE		213		CURIES	214
<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS					215
FEDERAL HAZARD CATEGORIES		216			217
<input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH					218
STATE WASTE CODE		219		MAX DAILY AMOUNT	220
<u>132</u>				<u>2500</u>	221
DAYS ON SITE		222		AVG DAILY AMOUNT	223
<u>365</u>				<u>2500</u>	224
LARGEST CONTAINER		225		ANNUAL WASTE AMOUNT	226
<u>1300</u>				<u>15000</u>	227

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

222

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| A <input checked="" type="checkbox"/> ABOVEGROUND TANK | F <input type="checkbox"/> CAN | K <input type="checkbox"/> BOX | P <input type="checkbox"/> TANK WAGON |
| B <input type="checkbox"/> UNDERGROUND TANK | G <input type="checkbox"/> CARBOY | L <input type="checkbox"/> CYLINDER | Q <input type="checkbox"/> RAIL CAR |
| C <input type="checkbox"/> TANK INSIDE BUILDING | H <input type="checkbox"/> SILO | M <input type="checkbox"/> GLASS BOTTLE | <input type="checkbox"/> |
| D <input type="checkbox"/> STEEL DRUM | I <input type="checkbox"/> FIBER DRUM | N <input type="checkbox"/> PLASTIC BOTTLE | |
| E <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM | J <input type="checkbox"/> BAG | O <input type="checkbox"/> TOTE BIN | |

STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT	223
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT	<input type="checkbox"/> ABOVE AMBIENT	<input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC	224

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 225	226	<input type="checkbox"/> YES <input type="checkbox"/> NO	227
2 229	230	<input type="checkbox"/> YES <input type="checkbox"/> NO	231
3 233	234	<input type="checkbox"/> YES <input type="checkbox"/> NO	235
4 237	238	<input type="checkbox"/> YES <input type="checkbox"/> NO	239
5 241	242	<input type="checkbox"/> YES <input type="checkbox"/> NO	243

OTHER	<input type="checkbox"/> RECYCLED	250	<input type="checkbox"/> PREPACKAGED FOR DIRECT SALE TO THE PUBLIC	251
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* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735 61) ON THE REVERSE SIDE OF THIS FORM.

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